

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082992

1. Entity Name

PROFITABLE MANAGEMENT SERVICES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 040 ***150.00

Principal Place of Business

4895 S ATLANTIC AVE
 PONCE INLET FL 32127
 US

Mailing Address

4895 S ATLANTIC AVE
 PONCE INLET FL 32127-7058
 US

1000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5604 S. RIDGEWOOD AV
 Suite, Apt. #, etc.

3. Mailing Address

5604 S. RIDGEWOOD AV
 Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32127

Country

Zip

32129

Country

4. FEI Number

59-3221107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OSSINSKY, MARC P
 210 N WYMORE ROAD
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
 NAME PEACOCK, MYRTICE L
 STREET ADDRESS 4895 S ATLANTIC AVE
 CITY-ST-ZIP PONCE INLET FL 32119 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS 4525 S. ATLANTIC AV #1301
 CITY-ST-ZIP PONCE INLET, FL 32127 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myrtice L Peacock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

761 6928
 Daytime Phone